| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155076 | A. BUILDING _____ B. WING _____ | R 04/22/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GOLDEN LIVING CENTER- BROOKVIEW | 7145 E 21ST ST INDIANAPOLIS, IN 46219 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| {F 000} | INITIAL COMMENTS | {F 000} | | |

This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 3/6/14.

This visit was in conjunction with the Investigation of Complaint IN00147936.

Complaint IN00147936- Unsubstantiated.

Survey Dates: April 21 & 22, 2014

Facility number: 000031
Provider number: 155076
AIM number: 100266150

Survey Team:
Beth Walsh, RN-TC
Courtney Mujic, RN (4/21/14)
Karina Gates, Generalist (4/22/14)
Tom Stauss, RN (4/22/14)

Census Bed Type:
SNF/NF: 113
Total: 113

Census Payor Type:
Medicare: 8
Medicaid: 82
Other: 23
Total: 113

Golden Living Center-Brookview was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the PSR to the Recertification and State Licensure Survey.

Quality review completed on April 23, 2014 by

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| GOLDEN LIVING CENTER- BROOKVIEW | 7145 E 21ST ST INDIANAPOLIS, IN 46219 |

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|---|---|---|---|---|
| {F 000} | Continued From page 1<br>Cheryl Fielden, RN. | {F 000} | | |